## PART B - FEE(S) TRANSMITTAL

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| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica  | ed below or directed other  | ng ine Paient advance o   | rders and nonfication              | of mai                    | ntenance tees w   | ill he m                              | ailed to                       | ) the current (                                    | OPPOPING                       | ndence addrece ac  |  |
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| CURRENT CORRESPONOENCE A ODRESS (Note: Use Block I for any change of address)  |   |   |                                    |                           | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                       |                                |  |                                |  |  |
| 22852  |   | /2008   |                                    |                           |   |                                       | _                              |  |                                |  |  |
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|  |   |   |                                    |                           |   |                                       |                                |  |                                | (Onto)   |  |
| APPLICATION NO.  | ICATION NO. FILING DATE   |   | FIRST NAMED INVENTOR               |                           |   | ATTORNEY DOCKET NO.                   |                                |  | CONFIRMATION NO.               |  |  |
| 10/565,783   | 10/565,783 08/08/2006   |   | Sergio Belli                       | 05999,0284                |   |                                       | 284                            | 7623   |                                |  |  |
| TITLE OF INVENTION   | SMALL ENTITY  | ISSUE FEE DUL   | PUBLICATION FEE D                  |                           | REV. PAID ISSUE   | ver                                   | PATA                           | Estre, DIN   |                                | DATE DUE   |  |
| L  |   | \$1440  |                                    | OE P                      |   | <del></del>                           |                                | FEE(S) DUE   |                                |  |  |
| nonprovisional NO  |   | 15/0  | \$300                              | \$0                       |   |                                       |                                | <del>51740</del><br>1810                           | 11/07/2008                     |  |  |
| EXAMINER   |   | ART UNIT  | CLASS-SUBCLASS                     |                           |   | ,                                     |                                |  |                                |  |  |
| MAYO III, WILLIAM H 2831   |   |   | 174-11000R                         |                           |   |                                       |                                |  |                                | ·  |  |
| I. Change of corresponde CFR 1.363).   | <ul> <li>2. For printing on the patent front page,</li> <li>(1) the names of up to 3 registered pat or agents OR, alternatively,</li> <li>(2) the name of a single firm (having a registered attorney or agent) and the na 2 registered patent attorneys or agents. listed, no name will be printed.</li> </ul> |   |                                    | patent attorneys   Finned |   | Finneg                                | gan, Henderson                 |  |                                |  |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   |   |   |                                    |                           |   | ow, Garrett &                         |                                |  |                                |  |  |
| "Fee Address" ind<br>PTO/SB/47; Rev 03-0<br>Number is required.  |   |   |                                    | mes of up to              |   |                                       | r, L.L.P.                      |  |                                |  |  |
| 3. ASSIGNEE NAME A   | ND RESIDENCE DATA   | TO BE PRINTED ON  | THE PATENT (print o                | r type)                   |   |                                       | ****                           | , ,== ,  |                                |  |  |
| PLEASE NOTE: Uni<br>recordation as set fort  | less an assignee is ident<br>h in 37 CFR 3.11. Comp   | ified below, no assignee pletion of this form is NO   | data will appear on the for filing | ne pater<br>an ass        | nt. If an assigne   | e is ide                              | ntified                        | below, the do                                      | cument                         | has been filed for   |  |
| (A) NAME OF ASSIG  | (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |   |                                    |                           |   |                                       |                                |  |                                |  |  |
| PRYSMIAN   | S.R.L.  | S.R.L. Milan, Italy   |                                    |                           |   |                                       |                                |  |                                |  |  |
| Please check the appropr   | iate assignee category or   | categories (will not be pr  | rinted on the patent):             | ☐ In                      | dividual 🖾 Co   | rporatio                              | n or oth                       | er private gro                                     | up entity                      | Government   |  |
| 4a. The following fee(s)   | are submitted:  | 41  | b. Payment of Fec(s): (            |                           | first reapply an  | y <b>pre</b> vio                      | ously p                        | ald Issue fee s                                    | hown al                        | pove)  |  |
| Issue Fee  | A check is enclosed.  |   |                                    |                           |   |                                       |                                |  |                                |  |  |
| Publication Fee (N   | <ul> <li>□ Payment by credit card. Form PTO-2038 is attached. (Electronically)</li> <li>□ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).</li> </ul>                        |   |                                    |                           |   |                                       |                                |  |                                |  |  |
|  |   |   | overpayment, to I                  | eposil                    | Account Numbe   | r 06-                                 | 9091                           | 6 (enclose an                                      | extra co                       | opy of this form).   |  |
| 5. Change in Entity Sta  | tus (from status indicated<br>s SMALL ENTITY statu  |   | ☐ b. Applicant is no               | longer                    | claiming SMAL   | I. ENTI                               | TY stat                        | us See 37 CF                                       | R 1.276                        | pY2)   |  |
| NOTE: The Issue Fee an   | d Publication Fee (if requ  | uired) will not be accepte  | d from anyone other th             |                           |   |                                       |                                |  |                                |  |  |
| interest as shown by the   | records of the United Sta   | tes Patent and Trademark  | Office.                            | -                         | OCT   | 0 0 20                                | nna                            |  |                                |  |  |
| Authorized Signature   |   |   | Date                               | 2920                      | JU0   |                                       |                                | , , , , , , , , , , , , , , , , , , ,              |                                |  |  |
| Typed or printed nam   | <del></del>   |   | Registration N                     | ··                        | 25,9  |                                       | <del></del>                    |  |                                |  |  |
| This collection of inform<br>an application. Confiden<br>submitting the complete<br>this form and/or suggesti<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223<br>Under the Paperwork Re | 13-1430.  | FR 1.311. The informatic<br>U.S.C. 122 and 37 CFR<br>USPTO. Time will vary<br>den, should be sent to the<br>NOT SEND FEES OR (<br>persons are required to re- |                                    |                           |   |                                       |                                |  |                                | ISPTO to process)<br>ng, preparing, and<br>equire to complete<br>of Commerce, P.O.<br>ts, P.O. Box 1450, |  |